

Consent Form for Dental Procedures

Date of surgery: Patient Name: C	lient Name:		
Is pet fasted? No O Yes O			
Is pet on any medications? No O Yes O (Name/Dose/Last given)			
Any signs of illness? No O Yes O If yes, would you like an exam don		Yes O	
Concerns:			
Surgical Procedure: Dental Cleaning and Polishing with possible ex	tractions		
		1 1	1
If Extractions : Often the full extent of extractions is not known until your pe		n oral exam can t	be
performed. In the event your pet needs extractions how would you like us to pr	oceed.		
O Call to discuss any unexpected extractions before proceeding			
O Pull any teeth deemed necessary			
O Pull any teeth deemed necessary up to \$			
Pre-dental and post-dental photos will be taken. Would you like them?			
No Photos O E-mail Photos O; preferred email address			
-			
Any other procedures requested:		1.	
Growth Removal O Would you like the growth sent for analysis? No O	Yes (additional fees a	pply)	
Location of lump(s):			
Intravenous fluids will be administered during anesthesia to help maintain blood p	ressure increase circulation	and help your net	t recover
more quickly.	ressure, merease en culation	and help your per	i i ccovci
A 24-hour injectable pain medication is given post-operatively. Your pet will also	be sent home with 3 days of a	ın oral anti-inflam	ımatory
medication to be given at home to reduce pain and inflammation.	•		·
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Surgical Options (Check accept or decline)	Cost	Accept	Decline
Presurgical blood test for pets under 7 years: Checks for proper organ fun		O	O
carrying ability of blood, ability to fight infection, platelets for proper clotting	g and to		
establish a baseline for future reference.			
Presurgical blood test for pets 7 years and older: Same as the presurgical	blood test \$121.50	O	O
above but includes more extensive testing.			
Laser: An alternative to the traditional scalpel blade incision. It seals blood v		O	O
nerve endings which reduces blood loss and helps to reduce pain, inflammatic	on and		
infection. May not apply for all growth removals.			
Microchip: A small chip used for identification throughout North America. I	t is implanted \$49.00	O	O
beneath the skin between your pet's shoulder blades.			
Elizabethan Collar: Prevents licking or chewing of the incision area.	\$8.14-44.	.88 O	O
Medical Shirt: Prevents licking or chewing of the incision area.	\$39.22-4:	5.62 O	O
These are not needed for dental procedures but may be used for some growth	removals.		
Pedicure: Nails are clipped while your pet is anesthetized.	No Charg	-	O
Vaccinations: Our clinic recommends all pets have up to date vaccines. This			
Core vaccines: \$98.75-123.50 I authorize vaccines O My pet is va	ccinated O I decline va	accines at this tim	ne O
I authorize and direct the Veterinarians of the Victoria Veterinary Clini			
any other therapeutic procedures that in their judgment may dictate to be			
nature of the procedures have been explained to me, and no warranty or g			
I hereby authorize and direct the Victoria Veterinary Clinic to provide s		• •	
reasonable and necessary, including, but not limited to the administration	of anesthesia and the pert	ormance of serv	vices
involving pathology and radiology, and I hereby consent thereto.			
Fees must be paid before my pet leaves the clinic.			
I may be reached at the following number(s)			
Would you like a text message photo update of your pet? Yes O; No O	Number		
Print name Signature			